Environmental Investment Program - RD & D

1. **Question Ref:** Q_1225 **Question Type:** Threshold

Do any of the statements below apply to your project? This project:

- -Will bring my company/organization into compliance with environmental laws or regulations;
- -Recycles, reuses or otherwise processes DEC regulated hazardous waste or hazardous substances that were not used in the company?s own process (out of process);
- -Shifts waste from one medium to another with no net environmental benefit (such as end of pipe pollution control technologies or scrubbers);
- -Involves the substitution of one hazardous substance, product or output with another with no net environmental benefit;
- -Focuses on storm water run-off;
- -ls for energy recovery (includes refuse derived fuel) or incineration;
- -Has a primary purpose of cleaning up or remediating contaminated site(s);
- -Has a primary purpose of energy conservation or energy efficiency;
- -ls a municipal waste treatment project, such as a water or sewage treatment facility;
- -ls a municipal waste reduction or waste recycling project eligible for funding through DEC;
- -Has recyling or pollution prevention outcomes that occur only once. (example ? incorporating recycled feedstock into a building to achieve LEED status.)

HELP SECTION

For more information contact the Environmental Investment Program (EIP) at environment@esd.ny.gov or 518-292-5340.

2. **Question Ref:** Q_1226 **Question Type:** Threshold

Is the project a Material Recycling Facility (MRF) that will only include basic processing of residential recyclables (aggregating, sorting, baling, etc) with no intermediate or advanced processing?

HELP SECTION

For more information contact the Environmental Investment Program (EIP) at environment@esd.nv.gov or 518/292-5340.

3. **Question Ref:** Q_1056 **Question Type:** Basic

If review of the project is underway pursuant to the State Environmental Quality Review Act (SEQRA), please indicate the lead agency (if applicable).

4. **Question Ref:** Q_928 **Question Type:** Basic

Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.

5. **Question Ref:** Q_929 **Question Type:** Basic

Current State of Project Development (i.e. planning, preliminary engineering, final design, etc)

6. **Question Ref:** Q_930 **Question Type:** Basic

Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community revitalization, etc.

7. **Question Ref:** Q_969 **Question Type:** Basic

If you are a business, have you been certified as an Minority or Womenowned Business Enterprise (MWBE)?

8. **Question Ref:** Q_970 **Question Type:** Basic

Additional Project Contact Last Name

9. **Question Ref:** Q_971 **Question Type:** Basic

Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.

10. **Question Ref:** Q_972 **Question Type:** Basic

Project county or counties.

11. **Question Ref:** Q_973 **Question Type:** Basic

Status of State and/or Federal Environmental Review.

12. **Question Ref:** Q_975 **Question Type:** Basic

Estimated Project Timeline: including project start/completion dates, estimates for design, permitting and construction or other major steps.

13. **Question Ref:** Q_976 **Question Type:** Basic

Statement of Need

HELP SECTION

Provide a brief summary of the need for the project in the geographic area proposed, the project's financing needs, including funding gaps and, where applicable, describe the additional short and long term jobs that will be created through the development of the proposed project.

14. **Question Ref:** Q_1034 **Question Type:** Basic

Project Zip Code. (please use Zip+4 if known)

15. **Question Ref:** Q_1049 **Question Type:** Basic

Contact Last Name

16. **Question Ref:** Q_1050 **Question Type:** Basic

Contact Title

17. **Question Ref:** Q_1051 **Question Type:** Basic

Additional Contact Title

18. **Question Ref:** Q_1052 **Question Type:** Basic

Additional Project Contact First Name

19. **Question Ref:** Q_1053 **Question Type:** Basic

If project review pursuant to the National Environmental Policy Act (NEPA) has been completed has a Finding of No Significant Impact or Record of Decision been issued?

20. **Question Ref:** Q_1054 **Question Type:** Basic

If National Environmental Policy Act (NEPA) Record of Decision has been issued, please explain (include date of Record of Decision).

21. **Question Ref:** Q_184 **Question Type:** Basic

NYS Assembly District(s) where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)

HELP SECTION

Click **HERE** to determine your Assembly district.

22. **Question Ref:** Q_190 **Question Type:** Basic

NY Senate District(s) where the project is located. (please enter a number between 1 and 62 that represents your Senate District)

HELP SECTION

Click **HERE** to determine your Senate district.

23. Optional Question Header:

Applicant Information

Question Ref: Q_546 **Question Type:** Basic

Legal Name of Applicant

24. **Question Ref:** Q_547 **Question Type:** Basic

Contact First Name

25. **Question Ref:** Q_549 **Question Type:** Basic

Type of Applicant (select all that apply)

26. **Question Ref:** Q_550 **Question Type:** Basic

If you are a DBA, what is your DBA name?

27. **Question Ref:** Q_551 **Question Type:** Basic

Applicant Street Address

28. **Question Ref:** Q_552 **Question Type:** Basic

Applicant City

29. **Question Ref:** Q_553 **Question Type:** Basic

Applicant State

30. **Question Ref:** Q_554 **Question Type:** Basic

Applicant Zip Code. (please use Zip+4 if known)

31. **Question Ref:** Q_555 **Question Type:** Basic

Applicant Email Address

32. **Question Ref:** Q_556 **Question Type:** Basic

Select an applicant ID type from the list below that you normally use to identify your organization on application forms.

HELP SECTION

Applicants will be required to provide the specified ID number upon request by the funding agencies.

33. **Question Ref:** Q_561 **Question Type:** Basic

Additional Contact Email Address

34. **Question Ref:** Q_562 **Question Type:** Basic

Additional Contact Phone Number. (please include area code)

35. Question Ref: Q_565 Question Type: Basic

Project City

36. **Question Ref:** Q_568 **Question Type:** Basic

Project State

37. **Question Ref:** Q_572 **Question Type:** Basic

Project Latitude

HELP SECTION

Click HERE to determine Latitude

38. **Question Ref:** Q_573 **Question Type:** Basic

Project Longitude

HELP SECTION

Click HERE to determine Longitude

39. Optional Question Header:

Project Description

Question Ref: Q_575 **Question Type:** Basic

Project Description. Concisely describe the project, indicating the location, what will be planned, designed, and/or constructed, the issues/opportunities to be addressed, and expected outcomes and deliverables. Additional details will be collected later in the application process.

40. **Question Ref:** Q_580 **Question Type:** Basic

Status of Permits

41. **Question Ref:** Q_651 **Question Type:** Basic

Applicant Telephone Number, (please include area code)

42. **Question Ref:** Q_1603 **Question Type:** Basic

Was this project or a phase of this project awarded funding in CFA Round I?

43. **Question Ref:** Q_1604 **Question Type:** Basic

If yes, with which agency(s)?

44. **Question Ref:** Q_1605 **Question Type:** Basic

If funding was received in a prior round of the CFA, indicate the amount of funding received.

45. Optional Question Header:

Required Supporting Documentation

Question Ref: Q_1337 **Question Type:** Attachment

For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business organization other than publicly traded companies, provide: (a) Three years of historical financials; (b) If most recent financials are over 180 days old, add the most recent interim statements, certified by a company officer; (c) Organizational chart and/or description of ownership structure, including the percentage of ownership structure by each individual entity. If the company is a parent, subsidiary and/or affiliate of another company, please provide a description. (d) Additional financial information may be requested.

HELP SECTION

Financial statements should be audited or reviewed. If the statements are only compiled, they must be accompanied by copies of signed Federal tax returns (3 yrs). Source of financial statements: financial statements should be provided by the Parent company of the grantee (50% or greater ownership) unless the grantee prepares separate audited or reviewed financial statements or files separate tax returns from the parent.

For information about this requirement, contact your local ESD Regional Office. http://esd.ny.gov/RegionalOverviews.html

46. **Question Ref:** Q_1338 **Question Type:** Attachment

For Start-up companies, in addition to the documents listed above provide: - Financial projections (5 years) - Personal financial statements from a personal guarantor(s) of the start-up company - Principal resumes

HELP SECTION

For information about this requirement, contact your local ESD Regional Office. http://esd.ny.gov/RegionalOverviews.html.

47. **Question Ref:** Q_1057

Question Type: Attachment

If review of the project has been completed pursuant to State Environmental Quality Review Act (SEQRA), please submit the Negative Declaration or Findings Statement.

48. **Question Ref:** Q_1055

Question Type: Attachment

Project review pursuant to the State Environmental Quality Review Act (SEQRA) must be completed prior to the award of any state funds. For projects classified as Type I or Unlisted actions, submit a short or long Environmental Assessment Form. See "View Help" for links to forms.

HELP SECTION

Information and forms can be found at http://www.dec.ny.gov/permits/357.html and http://www.dec.ny.gov/permits/6191.html . If you are a not-for-profit, please complete and attach the following form:

http://nysparks.com/grants/documents/cfa/EMBFormNFPGrants.pdf

49. **Question Ref:** Q_1450

Question Type: Standard Question

Will the proposed project result in the creation of construction jobs? If so, estimate the number of construction jobs to be created.

Enter zero if not applicable.

50. **Question Ref:** Q_1459

Question Type: Standard Question

Will the proposed project directly or indirectly result in the creation of permanent jobs? If so, estimate the number of permanent full-time equivalent jobs that will be created.

Enter zero if not applicable.

51. **Question Ref:** Q_1371

Question Type: Standard Question

Does the project involve demolition or rehabilitation of a building(s) more than 50 years old and/or demolition or rehabilitation of a building(s) or new construction on or contiguous to a site listed on or eligible for listing on the State or National Registers of Historic Places? Indicate Y/N/NA. If Y, click "Help" for more information.

HELP SECTION

If "yes", the project requires consultation with the State Historic Preservation office (SHPO) www.nysparks.state.ny.us/shpo. If the project requires SHPO consultation, please explain the status. If consultation is complete, please provide a link to SHPO's Letter of Determination of No Adverse Effect or Letter of Resolution to Mitigate Adverse Effect.

52. **Question Ref:** Q_1041

Question Type: Standard Question

Provide a list of all federal, state, and local environmental and other reviews, approvals, or permits needed, including the dates by when they are expected. If Not Applicable, indicate "NA".

53. **Question Ref:** Q_1043

Question Type: Standard Question

Is the project owner/occupant/operator or any facilities which are under the supervision of the project owner/occupant/operator in violation of any federal, state or local environmental or other laws, or listed on the registry of Inactive Hazardous Waste Disposal Sites? Indicate Y/N/NA. If "Y", explain.

54. **Question Ref:** Q_1414

Question Type: Standard Question

Is the applicant a publicly traded company? Indicate Y/N. If ?Yes?, provide the link to the web page or website that lists the company?s financial statements.

For applicants to Environmental Investment Program/Capital, click ?View Help? for information.

HELP SECTION

For Environmental Investment Program (EIP)/Capital projects, answer questions for the company (usually called "the co-implementer") that will implement the project and benefit from the funding, if approved.

55. **Question Ref:** Q_1418

Question Type: Standard Question

Has the company/applicant ever received prior ESD funding? Y/N. If ?Yes?, describe each project and include the type of assistance received, amount of assistance received, status of the project, and project number (if available).

56. **Question Ref:** Q 1409

Question Type: Standard Question

What is the first project year? (e.g. the year equipment will be ordered or when first expenditures are expected to be made)

57. **Question Ref:** Q_1262

Question Type: Standard Question

Indicate how many existing full-time equivalent jobs the applicant and its related entities employ in all the PROJECT LOCATION(S).

HELP SECTION

NOTE: A full-time equivalent job equals any combination of two or more part-time jobs that, when combined together, constitute the equivalent of a job of at least 35 hours per week. Please note if any of these positions are contract employees and if so, how many of the total are contract employees.

Related entities generally includes below.

- Two corporations that are members of the same controlled group of corporations determined by applying a 10% ownership test
- A corporation and an individual who owns directly or indirectly more than 10% of the value of the outstanding stock of the corporation
- \cdot A corporation and a partnership if the same persons own over 10% in value of the outstanding stock of the corporation and more than 10% of the capital interest or the profits interest in the partnership
- Two S corporations if the same persons own more than 10% in value of the outstanding stock of each corporation

- A partnership and a person who owns directly or indirectly more than 10% of the capital or profits of the partnership
- Two partnerships if the same persons directly or indirectly own more than 10% of the capital or profits of each

For more detailed information, go to http://www.esd.ny.gov/BusinessPrograms/Data/Excelsior/IRCSection465(B)(3)(C)-RelatedPerson.pdf

58. **Question Ref:** Q_1186

Question Type: Standard Question

Indicate the average annual wage for the employees at the Project Location as of the date this application is finalized.

59. Question Ref: Q_1196

Question Type: Standard Question

How many of the existing jobs at the project location(s) are at risk if the project does not go forward.

HELP SECTION

"At Risk" shall mean a permanent Full-time employee position currently located in New York State that is found by ESD to be at risk of being lost or moved out of state based on compelling information provided by the applicant.

60. **Question Ref:** O 1189

Question Type: Standard Question

Net New Jobs Created Year 1: Indicate the total number of net new jobs at the project location for Year 1.

HELP SECTION

"Net new jobs" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week;

and (iv) are filled for more than six months during the year for which credits are being granted.

61. **Question Ref:** Q_1392

Question Type: Standard Question

Describe the type of job, by general category, and list the gross annual wages for each job type at the project location for Year 1. Please note if any of these positions are contract employees and list separately.

HELP SECTION

"Net new jobs" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

A **Full-time Contract Employee** is a full-time private sector employee (or self-employed person) who is not on the applicant's payroll but who works for the applicant for a minimum of 35 hours per week providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee is a year round position.

62. **Question Ref:** Q_1190

Question Type: Standard Question

Net New Jobs Created Year 2: Indicate the total number of net new jobs at the project location for Year 2.

HELP SECTION

"Net new jobs" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

63. **Question Ref:** Q_1391

Question Type: Standard Question

Describe the type of job, by general category, and list the gross annual wages for each job type at the project location for Year 2. Please note if any of these positions are contract employees and list separately.

HELP SECTION

"Net new jobs" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

A **Full-time Contract Employee** is a full-time private sector employee (or self-employed person) who is not on the applicant's payroll but who works for the applicant for a minimum of 35 hours per week providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee is a year round position.

64. **Question Ref:** Q_1375

Question Type: Standard Question

What percentage of the project's employees are residents of NYS?

65. **Question Ref:** Q 1142

Question Type: Standard Question

Indicate the Primary North American Industrial Classification System (NAICS) Code at the PROJECT LOCATION.

HELP SECTION

http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007

66. Optional Question Header:

Environmental Investment Program - RD&D (for Capital and Technical Assistance projects indicate N/A for the following questions)

Question Ref: Q_1227

Question Type: Standard Question

Is the applicant a business or non profit organization which employs less than 500 workers or has less than \$10 million in gross annual sales? If no, you may be precluded from applying for Environmental Investment Program RD&D support. Click help for more information.

HELP SECTION

For assistance or information on this requirement contact Environmental Investment Program staff at (518) 292-5340 or environment@esd.ny.gov. For information about the Environmental Investment Program, visit esd.ny.gov/businessprograms/EIP.html

67. **Question Ref:** Q 1246

Question Type: Standard Question

Describe the business challenges or opportunities in the company that are driving the project.

68. **Question Ref:** Q_1228

Question Type: Standard Question

Describe the product or process that the project will evaluate and/or demonstrate and how it addresses the challenges or opportunity described above.

69. **Question Ref:** Q_1229

Question Type: Standard Question

Describe why this product or process was selected for testing. Describe any preliminary evaluation of the product or process that has already been carried out and how the results of that evaluation support moving forward with this project.

70. **Question Ref:** Q_1348

Question Type: Standard Question

Provide precise statements about what you will learn by the end of the project in order to proceed to commercial application. Describe testing/demonstration protocol. Describe the commitment, ability and/or expertise of key people.

71. **Question Ref:** Q_1255

Question Type: Standard Question

For projects that involve reuse, recycling, remanufacturing, or use of recycled material, identify the source of supply for this material. If project does not

involve reuse, recycling remanufacturing or use of recycled material, indicate NA.

72. **Question Ref:** Q_1505

Question Type: Standard Question

All EIP RD&D projects are required to identify at least one environmental outcome and one economic outcome that will be achieved once the results of the project are commercialized or implemented. In this question and the four that follow identify the environmental and economic outcomes for this project. See "View Help" for more information.

Identify the type of environmental outcome(s) your project will achieve by checking the boxes that apply, below.

HELP SECTION

During the course of the project, EIP RD&D contractors will be required to provide documentation verifying that milestone(s) have been completed as a prerequisite to reimbursement. Contact EIP program staff for more information. environment@esd.ny.gov, 518-292-5340

73. **Question Ref:** Q_1240

Question Type: Standard Question

Estimate how much waste recycling, waste reduction or pollution prevention will occur when your product/process is successfully deployed and commercialized. In this question and the two questions following, choose one or more boxes to enter the information.

For recycling projects indicate tons/year recycled; identify the material(s) or waste(s) that will be recycled.

HELP SECTION

Each EIP research, development and demonstration project must estimate measurable economic and environmental outcomes. For assistance with developing them, contact program staff at 518/292-5340 or environment@esd.ny.gov. For other information on Environmental Investment Program, visit esd.ny.gov/businessprograms/eip.html.

74. **Question Ref:** Q 1518

Question Type: Standard Question

For pollution prevention projects, indicate new tons/year waste prevented or hazardous materials no longer purchased (in conjunction with hazardous waste prevented); identify the waste(s) that will be prevented.

75. **Question Ref:** Q_1289

Question Type: Standard Question

For water recycling or prevention projects, million gallons/year water recycled or prevented.

76. **Question Ref:** Q_1256

Question Type: Standard Question

Identify the economic outcomes that may ultimately result from the environmental improvements described above. These must be expressed as dollars per year of new sales and/or dollars per year saved (e.g., from avoided disposal or purchasing costs, resource conservation, efficiency improvements).

77. **Question Ref:** Q_1364

Question Type: Standard Question

Identify other environmental benefits specific to your project.

78. **Question Ref:** Q 1230

Question Type: Standard Question

Identify tasks and steps that need to be taken before project can begin. (e.g. Beneficial Use Determination, financing needed, permits required, etc.)

HELP SECTION

For more information regarding the Environmental Investment Program (EIP) email environment@esd.ny.gov or call 518-292-5340.

79. **Question Ref:** Q_1705

Question Type: Standard Question

I understand that costs incurred prior to the date of application approval that is referenced in the written EIP award committment letter are not eligible and cannot be included in the project budget for the Environmental Investment Program (EIP).

HELP SECTION

Costs incurred prior to the date of application approval that is referenced in the written EIP award committment letter are not eligible and cannot be included in the project budget for the Environmental Investment Program (EIP). For more information on this requirement contact EIP staff at 518-292-5340 or environment@esd.ny.gov.

80. Optional Question Header:

General Certifications

Question Ref: Q_1037

Question Type: Certification

By entering your name in the box below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for MBE/WBE participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

81. Question Ref: Q_1038

Question Type: Certification

By entering your name in the box below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving Assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

82. Question Ref: Q_1044

Question Type: Certification

Is the company delinquent on any of its state, federal or local tax obligations? Indicate "Yes" or "No". If your answer is "Yes" provide an explanation.

83. **Question Ref:** Q_1045

Question Type: Certification

Has the company or any of its affiliates, been cited for a violation of State, Federal, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or other operating practices? Indicate "Yes" or "No". If yes, provide an explanation.

84. **Question Ref:** Q_1069

Question Type: Certification

Litigation: Is the company presently a party to any litigation or is any litigation pending or anticipated that could have an adverse material effect on the company?s financial condition? Indicate "Yes" or "No". If your answer is "Yes", please provide explanation in space provided.

85. **Question Ref:** Q_1070

Question Type: Certification

Does the company have any contingent liabilities that could have a material effect on its solvency? Indicate "Yes" or "No". If your answer is "Yes", please explain in space provided.

86. **Question Ref:** Q_1071

Question Type: Certification

Has the company, its affiliates or any member of its management or any other concern with which such members of management have been officers or directors, ever been involved in bankruptcy, creditor's rights, or receivership proceedings or sought protection from creditors or has any senior manager or principal of the company ever been charged with or convicted of any felony, or misdemeanor other than minor traffic offenses, or been a member of the management, an owner or majority stockholder of any firm or corporation convicted of any felony? Indicate "Yes" or "No". If your answer is "Yes", please provide an explanation.

87. **Question Ref:** Q_1072

Question Type: Certification

Are there any outstanding judgments or liens pending against the company other than liens in the normal course of business? Indicate "Yes" or "No". If your answer is "Yes", please provided explanation in space provided.

88. Optional Question Header:

Funding Sources (Enter dollar amounts below)

Question Ref: Q_657 **Question Type:** Budget

Total Project Cost

89. **Question Ref:** Q_659 **Question Type:** Budget

Amount provided directly by applicant toward project

90. **Question Ref:** Q_660 **Question Type:** Budget

State sources committed to project

HELP SECTION

For each source, list: program name, type of assistance (loan, grant, interest rate subsidy, etc), and amount of assistance. For loans, list interest rate and term.

91. **Question Ref:** Q_662 **Question Type:** Budget

Federal sources committed to project

92. **Question Ref:** Q_664 **Question Type:** Budget

Local (municipal) sources committed to project, if different than applicant.

93. **Question Ref:** Q_665 **Question Type:** Budget

Private sources committed to project

HELP SECTION

For each source, list: program name, type of assistance (loan, grant, interest rate subsidy, bond financing, sales tax exemption on construction materials and/or non-manufacturing machinery or equipment, mortgage recording tax waiver, etc), and amount of assistance. For loan and bond financing, list interest rate and term.

94. **Question Ref:** Q_668 **Question Type:** Budget

Not-for-Profit/foundation funding committed to project

95. Optional Question Header:

Budget Categories (Enter dollar amounts below)

Question Ref: Q_681 **Question Type:** Budget

Salaries and Wages

HELP SECTION

For each person assigned by the applicant, indicate the position, title, annual salary including fringe benefits, and dollar amount to be charged to the project. (Fringe benefits include social security, workers' compensation, unemployment insurance, health insurance, and any other benefits).

96. **Question Ref:** Q_682 **Question Type:** Budget

Supplies/Materials

HELP SECTION

State the cost and describe briefly the supplies and materials to be purchased by the applicant. Note that the donation of supplies and materials should be listed in Other

97. **Question Ref:** Q_685 **Question Type:** Budget

Travel

HELP SECTION

State the purpose and the estimated cost of travel by the applicant

98. **Question Ref:** Q_686 **Question Type:** Budget

Contractual Services

HELP SECTION

State the cost and describe briefly the extent and purpose of contractual services to be procured directly by the applicant. Each activity should be listed separately, unless procured together under one subcontract.

99. **Question Ref:** Q_721 **Question Type:** Budget

Rent

HELP SECTION

State the terms and cost of rent to be incurred by the applicant.

100. **Question Ref:** Q_688 **Question Type:** Budget

Other

HELP SECTION

State the cost and describe briefly budget items that do not fit in the categories above For actual costs to be incurred list the type of cost, purpose and total cost.

For Volunteer Services – provide a generalized description and the total value.

For Donated Professional Services - indicate the service being provided and the total value.

For Donated Supplies and Materials – indicate the supplies and materials being provided and the total value

For Equipment Usage or Donated Equipment - indicate the purpose of its use and the total value.

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